

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

863-040450

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 23

FILED OCT 22 1963

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN USAF Hospital W.A.F.B. Mo.		Length of stay in 1b 2 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Whiteman Air Force Base Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) EILEEN		4. DATE OF DEATH October 11th, 1963	
5. SEX Female		6. COLOR OR RACE White	
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Dec. 20, 1946	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
13a. FATHER'S NAME John Cleghorn		13b. MOTHER'S MAIDEN NAME Veronica M. Perkins	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Veronica M. Wright, KnobNoster, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute parenchymatous degeneration of myocardium and lobular pneumonia Due to acute drug intoxication. (Darvon Compound history) DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary atelectasis, edema and congestion. Parenchymatous degeneration of liver		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Allegedly took 50 to 60 Darvon Tablets approx 10:45PM 8 Oct. 63			
20c. TIME OF INJURY Hour 10:45 p.m. Month, Day, Year Oct. 8, 63			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
20f. CITY, TOWN, OR LOCATION KnobNoster, Johnson, Missouri		COUNTY STATE	
21. I attended the deceased from 9-Oct. 63 to 11 Oct. 63 and last saw her alive on 11-Oct. 63		Death occurred at 1:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) William M. Kelly M.D. USAF Hospital, Whiteman A.F. Base, Mo.		22b. ADDRESS	
22c. DATE SIGNED 11-Oct. 63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct. 12, 1963	
23c. NAME OF CEMETERY OR CREMATORY Fairlawn Cemetery		23d. LOCATION (City, town, or county) Vandalia, Illinois	
24. FUNERAL DIRECTOR The Brauningers, Warrensburg, Mo.		25. DATE RECD. BY LOCAL REG. Oct 21- 63	
26. REGISTRAR'S SIGNATURE Erma L. Beatty			

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

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OCT 23 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

RAV Brummer

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.